

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/ 527302
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		/		
3		2		/		
4		1		/		
5		1		/		
6		1		/		
7		1		/		
8	1		1			
9		1		/		
10		2		/		
11		1		/		
12		1		/		
13		1		/		
14		1		/		
15		1		/		
16		1		/		
17		1		/		
18		1		/		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	33	←		←
TOTAL CLAIMS			35			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						